

# Surgical Team Briefing Checklist Sample

Patient Name:

Date:

Procedure:

OR Room:

## Team Member Introductions

☐ All team members have introduced themselves by name and role

## Briefing Elements

- ☐ Procedure and site verified by all team members
- ☐ Surgical, anesthesia, and nursing plan reviewed
- ☐ Allergies confirmed
- ☐ Patient positioning discussed
- ☐ Availability/function of equipment and implants checked
- ☐ Antibiotic prophylaxis confirmed (if applicable)
- ☐ Anticipated critical events or special concerns discussed
- ☐ Imaging displayed (if needed)

## Questions & Concerns

☐ All team members were given an opportunity to ask questions or voice concerns

Team Leader  
Signature:

Nurse  
Signature: